For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

## DLN: 93493317079390

2019

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service								
A F	or the	e <b>2019</b> c	alendar year, or tax year begin	ning 01-01-20:	L9 , and endi	ing 12-3	1-2019			
		pplicable:	C Name of organization AMERICAN GEOPHYSICAL UNION					D Employ	er identifi	cation number
	idress one cha	change						52-095	5532	
	itial ret	-	Doing business as							
☐ Fin	al returr	n/terminated						E Telephor	a numbar	
		return	Number and street (or P.O. box if m 2000 FLORIDA AVE NW	ail is not delivered t	o street address)	Room/su	ite			
⊔ Ap	plicatio	on pending		-t d 71D f				(202) 4	62-6900	
			City or town, state or province, cour WASHINGTON, DC 200091231	ntry, and ZIP or fore	eign postal code					
			E Name and address of princips	l officer.				<b>G</b> Gross re		9,087,550
			<b>F</b> Name and address of principal RANDY FISER	ii officer:				this a group re	turn for	
			2000 FLORIDA AVE NW					ubordinates? re all subordinat	es	□Yes ☑No
— Та	v=even	npt status:	WASHINGTON, DC 200091231		F			cluded?		☐ Yes ☐No
			<b>№</b> 501(c)(3)	(insert no.) $\square$	1947(a)(1) or	<b>5</b> 27	l .	"No," attach a	•	•
J W	ebsit	e:▶ WW	/W.AGU.ORG				H(C) G	roup exemption	number	<b>&gt;</b>
							I Year of f	ormation: 1972	M State	of legal domicile: DC
K For	m of or	ganization:	Corporation Trust Asso	ciation L Other I	•		L rear or r	ormadom. 1572	- State	or regar dofficite. De
P	art I	Sum	mary							
			scribe the organization's mission o	r most significant	activities:					
gy.	<u>A</u>	AGU SEEK	S TO PROMOTE DISCOVERY IN EA	ARTH AND SPACE	SCIENCE FOR	THE BEN	EFIT OF H	UMANITY.		
oue Oue										
Governance	-									
Š			is box $ ightharpoonup \square$ if the organization dis					25% of its net a		
	1		of voting members of the governing		•			•	3	14
~ S€	1		of independent voting members of		4	14				
Ě	1		nber of individuals employed in ca	•	•	•			5	166
Activities &	1		nber of volunteers (estimate if neo		6	21,000				
⋖	1	Total unr	7a	264,706						
	b	Net unrel	ated business taxable income fror	n Form 990-T, lir	ie 39			• •	7b	45,929
								Prior Year		Current Year
말	1		ions and grants (Part VIII, line 1h)			•		3,823,		4,207,852
Ravenue	1	-	service revenue (Part VIII, line 2g)					35,222,		33,478,723
Ϋ́	1		ent income (Part VIII, column (A), I			•		2,912,		6,807,549
	1		venue (Part VIII, column (A), lines					44.050	0	247,490
	-		enue—add lines 8 through 11 (mu			ne 12)		41,958,		44,741,614
	1		nd similar amounts paid (Part IX, o	* **	•	•		481,	_	1,275,652
	1	·	paid to or for members (Part IX, co					47.070	0	0
88	1		other compensation, employee be		17,279,		19,136,622			
Ě	Ι.		nal fundraising fees (Part IX, colu	, ,,		•			0	0
Expenses	1		raising expenses (Part IX, column (D),		`			26 546	22.4	20.462.532
	1	·	penses (Part IX, column (A), lines		-	•		26,546,		28,162,572
	1	•	enses. Add lines 13–17 (must equ	•	. ,,			44,307,		48,574,846
<u>, un</u>	19	Kevenue	less expenses. Subtract line 18 fr	om line 12		• •	Danima	-2,349,i ning of Current Y		-3,833,232
Net Assets or Fund Balances	1						begini	mig or current t		End of Year
sset	20	Total ass	ets (Part X, line 16)					165,599,	946	183,407,268
Z Z Z	21	Total liab	ilities (Part X, line 26)					52,891,	506	61,761,711
ŝĒ	22	Net asset	s or fund balances. Subtract line	21 from line 20				112,708,	340	121,645,557
Pa	art II	Sign	ature Block							
			erjury, I declare that I have exam							
	neage (nowle		f, it is true, correct, and complete	. Declaration of p	reparer (otner	than offic	ter) is base	ed on all inform	ation of v	vnich preparer has
		*****	* ure of officer					2020-11-12 Date		
Sign		, "								
Here	=		FISER CEO r print name and title							
		17	rint/Type preparer's name	Preparer's signat	IIΓΑ	In	ate		PTIN	
De:	4		тту туре ргерагег з паше	rieparer s signat	ui C		020-11- <b>1</b> 2	Check $igsqcup$ if	P00397829	•
Paid		\r   <sub>F</sub>	irm's name  RSM US LLP					self-employed Firm's EIN ► 42-	0714325	
	pare	;; 								
use	On	'Y   F	irm's address ► 2021 L STREET NW 40	0				Phone no. (202)	293-2200	
			WASHINGTON, DC 20	036						
Mav t	he IR	S discuss	this return with the preparer show	wn above? (see ir	structions) .				<b>√</b> v	es 🗆 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Pa	age <b>2</b>
Pa	rt III Statemen	t of Program Servi	ce Accomplis	hments			
	Check if Sch	edule O contains a resp	onse or note to	any line in this Part III .		1	<b>✓</b>
1	Briefly describe the	organization's mission:					
HUM.	ANITY. AGU GALVANI		EARTH AND SPA		RY IN EARTH AND SPACE SC DLLABORATIVELY ADVANCES		OF
2	Did the organization	n undertake any signific	ant program ser	vices during the year whi	ch were not listed on		
	the prior Form 990	or 990-EZ?				☐ Yes ☑ No	)
	If "Yes," describe th	nese new services on Sc	hedule O.				
3	Did the organization	n cease conducting, or r	nake significant	changes in how it conduc	ts, any program		
	services?					. □Yes ☑N	No
	If "Yes," describe th	nese changes on Schedu	ıle O.				
4	Section $501(c)(3)$ a		ons are required	to report the amount of	argest program services, as grants and allocations to otl		
	(Code:	) (Expenses \$	12,067,917	including grants of \$	295,416 ) (Revenue \$	16,285,147 )	
	See Additional Data						
4b	(Code:	) (Expenses \$	11,298,246	including grants of \$	102,915 ) (Revenue \$	)	
	See Additional Data						
4c	(Code:	) (Expenses \$	10,988,324	including grants of \$	) (Revenue \$	17,122,575 )	
	See Additional Data						
	See Additional Data	a Table					
4d		vices (Describe in Sched	•				
	(Expenses \$	6,151,872 inc	luding grants of	\$ 877,32	0 ) (Revenue \$	2,687,818 )	
4e	Total program sei	rvice expenses 🕨	40,506,3	59			

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part   91	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

19

20a

20b

21

Yes

col 23 Dica ana Scl 24a Dica the cor  b Dica c Dica to d Dica 25a See tra b Is the Scl 26 Dica offi me 27 Dica	d the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, lumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>Yes</b> Yes	No
col 23 Dica ana Scl 24a Dica the cor  b Dica c Dica to d Dica 25a See tra b Is the Scl 26 Dica offi me 27 Dica	lumn (A), line 2? If "Yes," complete Schedule I, Parts I and III  d the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete hedule J			No
col 23 Dica ana Scl 24a Dica the cor  b Dica c Dica to d Dica 25a See tra b Is the Scl 26 Dica offi me 27 Dica	lumn (A), line 2? If "Yes," complete Schedule I, Parts I and III  d the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete hedule J		Vec	
and Scl 24a Diction to	d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete hedule J		162	
the corr b Dicc c Dicc d Dicc 25a See tra b Is to the Sci 26 Diccoffine 27 Dicc 27 Dicc 27 Dicc 27 Dicc 28 Diccorr 28 Diccorr 29 Diccorr 20 Dic		23	Yes	
c Dictordon Dict	d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of e last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and mplete Schedule K. If "No," go to line 25a	24a	Yes	
d Dicc 25a See tra b Is to that Sccl 26 Diccoffine 27 Dicc	d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
b Is the Scl 26 Diccoffine 27 Diccord	d the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?	24c		No
b Is tha Scl 26 Did offi me 27 Did	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
tha Scl 26 Dic offi me 27 Dic	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
offi me <b>27</b> Dic	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete hedule L,</i> Part I	25b		No
	d the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
a 3	d the organization provide a grant or other assistance to any current or former officer, director, trustee, key aployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete the bedule L, Part III	27		No
	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions):			
	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> mplete Schedule L, Part IV	28a		No
<b>b</b> Af	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> mplete Schedule L, Part IV	28c		No
<b>29</b> Dic	d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ntributions? If "Yes," complete Schedule M	30		No
<b>31</b> Dic	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete hedule N, Part II	32		No
	d the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
<b>34</b> Wa Pa	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and art V, line 1	34		No
<b>35a</b> Dic	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity thin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	ection <b>501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related ganization? If "Yes," complete Schedule R, Part V, line 2	36		No
	d the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
<b>38</b> Dic			Yes	
Part V	d the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> Form 990 filers are required to complete Schedule O	38	,	l

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Yes

Yes | Form **990** (2019)

188

0

**1**c

**1**a

1b

No

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	166 <b>2b</b>	Yes	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
b	If "Yes," enter the name of the foreign country: ►CA , UK	A.D.)		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	AR). <b>5a</b>		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?	ition <b>6a</b>		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	2 12a		
D	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			, n
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 6	14b		
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI								
Se	ction	A. Governing Body and Management							
				Yes	No				
1a	Enter	the number of voting members of the governing body at the end of the tax year   1a   14							
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O.							
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 14							
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No				
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did th	ne organization have members or stockholders?	6	Yes					
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes					
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No				
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing:							
а	The g	overning body?	8a	Yes					
ь	Each	committee with authority to act on behalf of the governing body?	8b	Yes					
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	∍.)					
				Yes	No				
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No				
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes					
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes					
C		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes					
13	Did th	ne organization have a written whistleblower policy?	13	Yes					
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes					
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes					
b	Other	officers or key employees of the organization	15b	Yes					
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No				
b	If "Ye: in joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation at venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
	status	s with respect to such arrangements?	16b						
Se	ction	C. Disclosure							
17		ne states with which a copy of this Form 990 is required to be filed▶							
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.							
	$\Box$ c	Own website $\ \square$ Another's website $\  ot \  ot$ Upon request $\ \square$ Other (explain in Schedule O)							
19		ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.							
20		the name, address, and telephone number of the person who possesses the organization's books and records: IDY FISER CEO 2000 FLORIDA AVE NW WASHINGTON, DC 200091231 (202) 462-6900							

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. Sie instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.	<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)</li> <li>who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> </ul>												
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		(A) Name and title Average hours per week (list any hours				t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimate amount of compensa from th	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related		
	See Additional Data Table												
													—
													—

Part VII Section A. Officers, Direct	tors, Trustee	s, Key	Emp'	loyι	ees	, and	Hig!	hest Compensat	ted Employees	(conti	nued)	Page 8
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	one bo	oox, i an of ctor/t	ot che unles officer trust	<del></del>	rson a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	5	(F) Estima amount o compens from organizati	ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiza	ed
See Additional Data Table												
				igspace	lacksquare	lacksquare	igspace					
		-	-	$\vdash$	+	_	+					
				igspace	$oxed{\Box}$		$\Box$					
		-	-	$\vdash$	$\vdash$	_	+					
	+			$\vdash$	+	+	+					
_					$\dagger$	<u> </u>			1			
2 Total number of individuals (including	Total (add lines 1b and 1c)								492,511			
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			tee, ke		≗mpl •	oyee,	or hi	ighest compensate	d employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organization individual									m the	4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization									dividual for	5		No
Section B. Independent Contract	tors		_	_	_		_					
Complete this table for your five high from the organization. Report compe	hest compensate									npens	ation	
· · · · · · · · · · · · · · · · · · ·	(A) and business addre				•		<u>-</u>	Ī	(B) scription of services		(C Comper	
HITT CONSULTING	did sacret	155							NG SERVICES			,977,998
2900 FAIRVIEW PARK DR FALLS CHURCH, VA 22042				_	_							
SMG FOOD & BEVERAGE				_	_		_	CATERING	SERVICES		1	,546,545
300 CONSHOHOCKEN STATE RD CONSHOHOCKEN, PA 19428												
PROJECTION PRESENTATION PO BOX 890472								AV SERVIC	ŒS		1	,419,381
CHARLOTTE, NC 282890472 FREEMAN								EXHIBIT SI	ERVICES			949,005
9900 BUSINESS PARKWAY LANHAM, MD 20706												
MARRIOTT INTERNATIONAL								CONVENTI	ON VENUE			867,596
901 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	Controlling bu	- + lin	***d			"-tod	- 50	) he massived t	Str. #100 0			
2 Total number of independent contractor compensation from the organization ▶		, not iirii	itea i	.0 tn	iose	listea	abov	ve) wno received ii	nore than \$100,00	)U OT		

orm 9- Part		(2019) Statement	of F	Revenue						Page <b>9</b>
	-411				a respo	onse or note to any	line in this Part VIII			🗆
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1	a Federated campa	aigns	· .	<b>1</b> a		I	revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due	s.	•	<b>1</b> b	1,990,471				
Ş, Gr Amc		<b>c</b> Fundraising ever			1c					
Sifts Iar /		d Related organiza			1d	1 224.426				
ıs, ( imi		<ul><li>e Government grants</li><li>f All other contribution</li></ul>	•	,	1e	324,436				
ıtior er S		and similar amount above	s not	included	1f	1,892,945				
ribu Oth		g Noncash contribution	ons in	cluded in	10					
ont Ind		<b>h Total.</b> Add lines	1a-1	f	1g	•				
9		Total New IIIIes				Business Code	4,207,852		1	
	2	PUBLICATIONS				511190	17,263,065	16,998,359	264,706	
пПе	L	MEETINGS				-	15,956,007	15,956,007		
}e∧e≀						900099				
ce F	c	SOCIETY ACTIVITIES	5			900099	155,875	155,875		
Program Service Revenue	c	PUBLICATION AND M	1EDIA	ROYALTIES		511190	103,776	103,776		
un						_				
Yogı	€	·								
-	f	· All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	. ▶	33,478,723				
		Investment income similar amounts) .		luding divid		interest, and other		5		2,289,026
		Income from invest	tmer	nt of tax-exe	mpt be	ond proceeds	•			
	<b>5</b> Royalties					I	<b>&gt;</b>			
				. ,		(ii) Personal				
		a Gross rents Less: rental	6a		247,490	)				
	_	expenses	6b		(					
	С	Rental income or (loss)	6с		247,490					
	•	<b>d</b> Net rental income	e or	(loss)		<u> </u>	247,490			247,490
	_	Constant		(i) Secur	ities	(ii) Other				
	78	7a Gross amount from sales of assets other than inventory			)					
	b	Less: cost or other basis and sales expenses	7b	14,	345,936	5				
	С	Gain or (loss)	7c	4,	518,523	3				
		<b>d</b> Net gain or (loss)					4,518,523	3		4,518,523
Other Revenue	88	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	of						
Re	ı	<b>b</b> Less: direct expen			8a 8b					
her	•	c Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨	<b>_</b>			
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
	ı	<b>b</b> Less: direct expen			9b		+			
		c Net income or (los			activit	ies •	<b>_</b>			
	10	aGross sales of inve	ento	rv. less						
		returns and allowa	ance	s	10a					
		<b>b</b> Less: cost of good			10ь					
	_	Net income or (los Miscellaneo	_		invent	Business Code				
	11	la					7			
	ı	b								
	•	c 								
		d All other revenue								
		e Total. Add lines 1				•				
	12	<b>2 Total revenue.</b> S	ee ir	nstructions	• •	• • • •	44,741,614	33,214,017	264,706	7,055,039

Form 990 (20	19)				Page <b>10</b>
	Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must $cc$		_		
	Check if Schedule O contains a response or note to any	y line in this Part IX			🗹
	de amounts reported on lines 6b, nd 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	nd other assistance to domestic organizations and governments. See Part IV, line 21	37,915	37,915		
	nd other assistance to domestic individuals. See ne 22	863,156	863,156		
governm	nd other assistance to foreign organizations, foreign ents, and foreign individuals. See Part IV, lines 15	374,581	374,581		
<b>4</b> Benefits	paid to or for members				
	ation of current officers, directors, trustees, and oyees	4,110,451	2,501,088	1,483,551	125,812
defined u	ation not included above, to disqualified persons (as inder section 4958(f)(1)) and persons described in 958(c)(3)(B)				
<b>7</b> Other sal	aries and wages	11,006,725	6,732,573	3,930,581	343,571
	plan accruals and contributions (include section 401 103(b) employer contributions)	958,226	565,225	367,975	25,026
<b>9</b> Other em	nployee benefits	1,967,665	1,109,259	811,286	47,120
10 Payroll ta	nxes	1,093,555	680,060	385,437	28,058
11 Fees for	services (non-employees):				
<b>a</b> Managen	nent	323,397		323,397	
<b>b</b> Legal .		950,594	48,878	900,428	1,288
<b>c</b> Accounting	ng	185,196		185,196	_
<b>d</b> Lobbying					
<b>e</b> Professio	nal fundraising services. See Part IV, line 17				_
<b>f</b> Investme	ent management fees	422,189		422,189	_
	line 11g amount exceeds 10% of line 25, column int, list line 11g expenses on Schedule O)	5,612,688	2,103,686	3,329,217	179,785
<b>12</b> Advertisi	ng and promotion	48,005	21,346	26,659	
13 Office ex	penses	875,513	667,911	198,945	8,657
14 Informat	ion technology	1,863,560	401,159	1,457,496	4,905
15 Royalties		36,892	33,644	3,248	
16 Occupano	cy	1,072,253	5,423	1,066,830	
<b>17</b> Travel .		1,826,629	1,241,980	532,437	52,212
	s of travel or entertainment expenses for any state, or local public officials				
19 Conferen	ces, conventions, and meetings	7,905,499	7,121,359	770,757	13,383
20 Interest		884,000		884,000	
21 Payment	s to affiliates				
22 Deprecia	tion, depletion, and amortization	1,475,718	26,865	1,448,853	
23 Insurance	e	278,368		278,368	
miscellar exceeds	penses. Itemize expenses not covered above (List leous expenses in line 24e. If line 24e amount 10% of line 25, column (A) amount, list line 24e s on Schedule O.)				
•	ARIA/CONTRIBUTIONS	1,482,983	1,432,808	23,175	27,000
b PRODU	CTION/PUBLICATIONS	979,029	963,378	13,399	2,252
c OUTSO	URCING & LOGISTICS	443,177	428,803	14,374	
d ABSTRA	ACT MANAGEMENT	297,904	297,904		
e All othe	r expenses	1,198,978	12,847,358	-11,665,609	17,229
25 Total fu	nctional expenses. Add lines 1 through 24e	48,574,846	40,506,359	7,192,189	876,298
reported	sts. Complete this line only if the organization in column (B) joint costs from a combined nal campaign and fundraising solicitation.				

Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Accounts receivable, net

Pledges and grants receivable, net . .

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

2

3

Assets

11

12

13

14

15

16

17

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23

24

25

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Check if Schedule O contains a response or note to any line in this Part IX .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Page **11** 

859,234

46,607,238

68,345,791

48.240.504

1,492,381

183,407,268

11,456,336

3,598,499

43.157.126

3.549.750

61.761.711

110,627,291

11,018,266

121,645,557

183,407,268

Form 990 (2019)

(A) Beginning of year		( <b>B</b> ) End of year
 419	1	41
 9,204,684	2	14,556,42

50,667,300

4,060,062

Degining or year		Life of year
419	1	419
9,204,684	2	14,556,427
38,781	3	166,754
3,154,365	4	3,138,520

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6 7

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10c

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12 13

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22 23

24

25

26

27

28

29

30

31

32

33

870,691

40,431,279

72,443,837

38.412.138

1,043,752

8,272,904

987.418

40.081.602

3,549,682

52.891.606

104,066,147

112,708,340

165,599,946

8,642,193

165,599,946

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-0955532

Name: AMERICAN GEOPHYSICAL UNION

Form 990 (2019)

#### Form 990, Part III, Line 4a:

AND/OR A TALK ON THEIR LATEST SCIENTIFIC FINDINGS CONTRIBUTING TO ADVANCING EARTH AND SPACE SCIENCE. INDIVIDUALS MUST PAY A REGISTRATION FEE TO PARTICIPATE. THE ABSTRACT SUBMISSIONS COVERING THEIR PRESENTATIONS ARE PUBLISHED AS PART OF THE SCIENTIFIC PROGRAM FOR EACH MEETING AND AVAILABLE VIA AGU'S WEBSITE. THE AGU FALL MEETING IS RECOGNIZED AS THE LEADING MEETING IN THE EARTH AND SPACE SCIENCES COMMUNITY WITH PROGRAMMING FOCUSED ON INTER- AND MULTIPLE DISCIPLINARY SCIENCES AND POLICY AND SOCIETAL ISSUES. IT IS THE LARGEST MEETING IN THIS FIELD ATTRACTING MORE THAN 27,000 PARTICIPANTS AT THE DECEMBER 2019 MEETING. THE MEETING GENERATES HUNDREDS OF PRESS AND MEDIA STORIES ABOUT EARTH AND SCIENCE IN PROMINENT SOURCES THROUGH DISTRIBUTION ON THE TELEVISION, NEWS PRINT AND THROUGH OTHER ELECTRONIC OUTLETS. THE CHAPMAN CONFERENCES ARE SMALL TOPICAL CONFERENCES THAT FOCUS ON CURRENT AND EMERGING SCIENCE ISSUES. FIVE CHAPMAN CONFERENCES WERE HELD IN 2019. OF THE FIVE CONFERENCES, THREE WERE HELD IN THE UNITED STATES, ONE WAS HELD IN ICELAND AND ONE WAS HELD IN SPAIN. ATTENDANCE RANGED FROM BETWEEN 44 AND 140 PARTICIPANTS. THE ASTROBIOLOGY COMPENENCE (ABSCICON) IS AN ANNUAL MEETING OF THE ASTROBIOLOGY COMMUNITY IN PARTNERSHIP WITH NASA.

MEETINGS: AGU HAS A DIVERSE MEETING PORTFOLIO THAT OFFERS MEETINGS OF VARIOUS SIZES AND FORMATS. MOST MEETING PARTICIPANTS PRESENT A POSTER

THE 2019 MEETING WAS HELD AT THE HYATT REGENCY BELLEVUE IN BELLEVUE, WASHINGTON. THE MEETING FOCUSES ON ALL AREAS OF ASTROBIOLOGY INCLUDING OCEAN WORLDS, EXOPLANETS AND THE TRANSITION OF PREBIOTIC CHEMISTRY TO BIOLOGY. THE 2019 MEETING ATTRACTED OVER 900 ATTENDEES FROM 29 COUNTRIES. THE AGU-SEG WORKSHOP IS IN PARTNERSHIP WITH THE SOCIETY OF EXPLORATION GEOPHYSICS (SEG). THE FOCUS OF THE 2019 WORKSHOP WAS TO SHARE ADVANCEMENTS AND APPLICATIONS OF AIRBORNE GEOPHYSICS FOR GROUND WATER, MINERAL, PETROLEUM, GEOTECHNICAL AND HAZARDS INVESTIGATIONS. THE WORKSHOP WAS HELD AT FLORIDA ATLANTIC UNIVERSITY IN DAVIE. FLORIDA AND ATTRACTED 52 ATTENDEES.

COMMUNICATIONS AND MEDIA, PROGRAMS SEEK TO: 1) BUILD AND MAINTAIN AGU'S REPUTATION AS A LEADER, COLLABORATOR AND SOUGHT AFTER PARTNER WITHIN AND OUTSIDE OF THE EARTH AND SPACE SCIENCE COMMUNITY; 2) PROMOTE AGU AND ITS PROGRAMS, INITIATIVES AND SERVICES TO CURRENT AND POTENTIAL MEMBERS, AS WELL AS TO THE BROADER EARTH AND SPACE SCIENCE COMMUNITY; AND 3) EDUCATE THE PUBLIC, AT ALL LEVELS AND ACROSS ALL SECTORS, ON THE

IMPORTANCE AND IMPACT OF THE EARTH AND SPACE SCIENCES, PARTICULARLY AS IT RELATES TO SOCIETAL WELL-BEING. MAJOR ACCOMPLISHMENTS IN THESE AREAS DURING THE 2019 FISCAL YEAR INCLUDE: EXPANDING EOS.ORG, A NEWS WEBSITE DEDICATED TO PROVIDING TRUSTWORTHY NEWS AND PERSPECTIVES ABOUT THE

EARTH AND SPACE SCIENCES AND THEIR IMPACT, AS WELL AS A BI-WEEKLY NEWS MAGAZINE; REFRAMING AND RELAUNCHING THE SHARING SCIENCE PROGRAM, WHICH SEEKS TO EDUCATE AND EMPOWER SCIENTISTS TO SHARE THEIR KNOWLEDGE WITH THE PUBLIC.

Form 990, Part III, Line 4b:

#### Form 990, Part III, Line 4c: PUBLICATIONS - AGU PUBLISHES 22 JOURNALS PRESENTING PEER-REVIEWED RESEARCH PAPERS AS WELL AS NUMEROUS BOOKS. THESE PUBLICATIONS COVER THE

EARTH SCIENCES, PLANETARY SCIENCES, SOLAR-TERRESTRIAL AND SPACE PHYSICS, AND THE ENVIRONMENTAL SCIENCES. COVERAGE OF THE PAPERS HELP MAKE THESE SCIENTIFIC STUDIES AVAILABLE TO THE PUBLIC, AND MANY OF THE PAPERS ARE USED IN IMPORTANT ASSESSMENTS SUCH AS THE IPCC. ALL AGU JOURNALS AND SOME BOOKS ARE DISTRIBUTED ELECTRONICALLY VIA THE INTERNET; MOST STILL HAVE A MINOR PRINT COMPONENT. ONE OR MORE OF THE PUBLICATIONS REACH

AVAILABLE IN OVER 150 COUNTRIES, AGU PUBLISHES MORE THAN 6940 ARTICLES ANNUALLY.

EACH OF THE AGU'S MORE THAN 60,000 MEMBERS, AGU PUBLICATIONS REACH MANY SCIENTISTS AND STUDENTS BEYOND THE AGU MEMBERSHIP, AS WELL AS OTHER

MEMBERS OF THE PUBLIC, THROUGH MORE THAN 5,800 LIBRARIES, AND CONTENT AFTER 1997 AND OLDER THAN 24 MONTHS IS FREELY AVAILABLE. PUBLICATIONS ARE

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code: ) (Expenses \$ 4,926,674 including grants of \$ 877,320 ) (Revenue \$ 697,347) SCIENCE - THE AGU SCIENCE DEPARTMENT IS RESPONSIBLE FOR AGU TALENT POOL AND PROFESSIONAL EDUCATION PROGRAMS PROVIDING

SUPPORT TO AGU MEMBERS THROUGH ALL CAREER STAGES: AND FOR SERVING AS FOCAL POINT FOR SCIENTIFIC PROGRAM-RELATED ACTIVITIES WHICH CUT ACROSS AGU DISCIPLINESINCLUDING AREAS SUCH AS SCIENTIFIC ETHICS PROGRAMS, HONORS AND RECOGNITION

PROGRAMS FOR AGU MEMBERS, AND FOR AGU SCIENTIFIC INITIATIVES SUCH AS THE THRIVING EARTH EXCHANGE PROGRAM.

1,990,471 )

) (Expenses \$ 1,225,198

(Code: including grants of \$ (Revenue \$

SOCIETY ACTIVITIES AND MEMBERSHIP SERVICES.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

CARLOS NOBRE

CHRIS BALLENTINE

BOARD DIRECTOR

BOARD DIRECTOR

LISA J GRAUMLICH

BOARD DIRECTOR

**BRANDON JONES** 

BOARD DIRECTOR

BOARD DIRECTOR

JILL L KARSTEN

CARLOS DENGO

INTERNATIONAL SECRETARY

.......

......

	1 !				•	011 04000	1 (1) 2/4000			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBIN ELIZABETH BELL PRESIDENT	8.00	Х		х				0	0	0
SUSAN LOZIER PRESIDENT-ELECT	5.00	Х		х				0	0	0
ERIC A DAVIDSON IMMEDIATE PAST PRESIDENT	5.00	X		х				0	0	0
	5.00									

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SUSAN LOZIER	3.00	х	х		0	
PRESIDENT-ELECT			^			
ERIC A DAVIDSON IMMEDIATE PAST PRESIDENT	5.00	Х	х		0	
JANA DAVIS GENERAL SECRETARY/TREASURER	5.00	Х	х		0	

5.00

5.00

5.00

5.00

5.00

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(A) (E) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

JANICE R LACHANCE

MICHAEL S ANDREWS

CHIEF DIGITAL OFFICER

EXECUTIVE VICE PRESIDENT

SENIOR VICE PRESIDENT

......

JAY R BRODSKY

ROYCE B HANSON

DANA D REHM

COO

CFO

	any hours	and	a dir	recto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KERSTIN LEHNERT BOARD DIRECTOR	5.00	Х						0	0	0	
PHILIP MOTE BOARD DIRECTOR	5.00	Х						0	0	0	
RICHARD W MURRAY	5.00								_	_	

BOARD DIRECTOR						
PHILIP MOTE	5.00	_				
BOARD DIRECTOR		_ ^			0	
RICHARD W MURRAY	5.00	v			0	
BOARD DIRECTOR		^			0	
JENNY RIKER	5.00					
BOARD DIRECTOR		X			0	

37.50

37.50

37.50

37.50

37.50

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BOTHE BINECTON							
RICHARD W MURRAY	5.00	_				0	0
BOARD DIRECTOR		^			١	0	0
JENNY RIKER	5.00	v				0	0
BOARD DIRECTOR		^			0	O	0
CHRISTINE MCENTEE	37.50		<		838,607	0	29,631
CEO			^		636,007	0	29,031

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414,809

288,413

250,096

378,386

246,674

33,890

59,511

25,048

44,057

10,313

0

0

0

0

0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MATTHEW M GIAMPOALA

VICE PRESIDENT

VICE PRESIDENT

SHELLEY L STALL

RAJUL E PANDYA

VICTORIA J FORLINI

DIRECTOR

DIRECTOR

DIRECTOR

....... SENIOR DIRECTOR

JESSICA C LATTERMAN

TRACY J LAMONDUE

		""" " """ """					,	(11, 2,4,000	(14/ 2/1000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BILLY WILLIAMS SENIOR VICE PRESIDENT	37.50				x			239,825	0	42,547	
LAUREN M PARR VICE PRESIDENT	37.50				х			210,899	0	36,391	
ALEXANDRA M SHULTZ	37.50				Х			210,493	0	40,739	

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Х

Х

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Х

37,856

15,756

35,705

20,684

12,301

18,254

15,604

0

0

0

0

0

0

202,539

198,802

193,864

167,790

166,538

163,327

			l	X		210,899	a	l
VICE PRESIDENT						210,033		
ALEXANDRA M SHULTZ	37.50			x		210,493	C	
VICE PRESIDENT						210,133	3	
ARTESHA C MOORE	37.50			V		205 244	0	
VICE PRESIDENT				Х		205,244	0	
MATTHEW M GIAMPOALA	37.50							

37.50

37.50

37.50

37.50

37.50

.......

. . . . . . . . . . . . . . . . . .

and Independent Contractors (A)

KARINE S BLAUFUSS

DIRECTOR

Name and Title

hours per week (list any hours for related organization below dotte line)
37.

(B)

Average

.50 ...

employee

Institutiona

(C)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Position (do not check more than one box, unless person is both an officer and a director/trustee)

compensation from the organization (W-2/1099-MISC)

147,405

(D)

Reportable

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

Estimated

amount of other

compensation

from the

organization and

related organizations

14,226

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493317079							3493317079390					
SCI	HED	ULE A		Public C	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 99		Comple	ete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	· a section	2019			
		the Treasury	<b>P</b> Go	to <u>www.irs.</u>	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<b>he organiza</b> EOPHYSICAL U						Employer identific	ation number			
								52-0955532				
	rt I				I <b>s</b> (All organization it is: (For lines 1 thro			See instructions.				
1	n gannz		•		sociation of churches	-		(Δ)(i).				
2		·		,				()(-)-				
3		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4												
	Ш	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II.)										
6		A federal, s	tate, or local go	ernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).				
7						s support from a	governmental u	nit or from the gener	al public described in			
8		section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in <b>170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:										
10	<b>✓</b>	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organiza	ation organized a	nd operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ly supported org	janizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g.				
a		organizatio		o regularly a				zation(s), typically by of the supporting orga				
b		Type II. A manageme	supporting orga	nization supe ting organiza	tion vested in the sar			organization(s), by havinge the supported orga				
С		Type III f	unctionally inte	<b>grated.</b> A s	upporting organizatio			nd functionally integra	ted with, its			
d		Type III n	on-functionally integrated. The	<b>/ integrated</b> organization		zation operated fy a distribution	in connection wi	nd E. th its supported orgar an attentiveness req				
e		Check this	box if the organi	zation receiv		ation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported or		· · · · · · · · · ·	-		<u></u>				
g	Provi	de the follow	ing information	about the su	oported organization(	s).			_			
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	n in your governing document? monetary support other suppo instructions) instructions						
						Yes	No					
Tota			tion Act Notice			Cat. No. 11285			90 or 990-EZ) 2019			

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,

check this box and **stop here**.

Section C. Computation of Public Support Percentage

Public support percentage from 2018 Schedule A, Part III, line 15. .

Section D. Computation of Investment Income Percentage

11, and 12.). .

14

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Part III

	ection A. Public Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	(=) ====	(2,2020	(5) 2527	(4) 2020	(0, 202)	(.,
1	Gifts, grants, contributions, and	3 513 030	2 746 707	2 020 021	2 022 570	4 207 052	16 220 260
	membership fees received. (Do not	2,513,039	2,746,787	2,938,021	3,823,570	4,207,852	16,229,269
_	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in	27,516,431	30,466,706	52,170,146	34,830,142	33,214,017	178,197,442
	any activity that is related to the	27,010,101	30,100,700	32,170,110	31,030,112	33,211,017	170,137,112
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	20.020.470	22 242 402	FF 100 167	20.652.742	27 424 060	104 426 711
6	Total. Add lines 1 through 5	30,029,470	33,213,493	55,108,167	38,653,712	37,421,869	194,426,711
7a		18,270	18,340	22,816	36,585	11,326	107,337
	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than						
	disqualified persons that exceed the						0
	greater of \$5,000 or 1% of the						ŭ
	amount on line 13 for the year.						
c	Add lines 7a and 7b	18,270	18,340	22,816	36,585	11,326	107,337
8	Public support. (Subtract line 7c						104 210 274
	from line 6.)						194,319,374
S	ection B. Total Support						
	Calendar year	(2) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	30,029,470	33,213,493	55,108,167	38,653,712	37,421,869	194,426,711
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2,046,350	2,101,346	2,126,323	2,392,979	2,536,516	11,203,514
	and income from cimilar courses						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

Support Schedule for Organizations Described in Section 509(a)(2)

the organization fails to qualify under the tests listed below, please complete Part II.)

	paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	30,029,470	33,213,493	55,108,167	38,653,712	37,421,869	194,426,711
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3	18,270	18,340	22,816	36,585	11,326	107,337
Ь	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
С	Add lines 7a and 7b	18,270	18,340	22,816	36,585	11,326	107,337
8	<b>Public support.</b> (Subtract line 7c from line 6.)						194,319,374
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
9	Amounts from line 6	30,029,470	33,213,493	55,108,167	38,653,712	37,421,869	194,426,711
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,046,350	2,101,346	2,126,323	2,392,979	2,536,516	11,203,514
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	2,046,350	2,101,346	2,126,323	2,392,979	2,536,516	11,203,514
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.					36,284	36,284
12	Other income. Do not include gain or loss from the sale of capital						

35,314,839

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . 🕨 🗹 b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

57,234,490

41,046,691

32,075,820

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .

Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) . . .

Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .

15

16

17

18

39,994,669

205,666,509

94.480 %

94.330 %

5.450 %

5.590 %

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

	***		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

### **Additional Data**

### Software ID: Software Version:

**EIN:** 52-0955532

Name: AMERICAN GEOPHYSICAL UNION

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493317079390

Inspection

Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** AMERICAN GEOPHYSICAL UNION 52-0955532 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

1,000,000

21,360

250,000

135

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

1,000,000

31,798

250,000

1,572

1,000,000

24.129

250,000

1,000,000

39.512

250,000

6,484

Schedule C (Form 990 or 990-EZ) 2019

4,000,000

6,000,000

116,799

1,000,000

1.500.000

11,584

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctivi		Yes	res   No		unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on	
	,	)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), o		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	)(5), o III-A		Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(	
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	

Explanation

**SCHEDULE D** 

DLN: 93493317079390

Schedule D (Form 990) 2019

Cat. No. 52283D

OMB No. 1545-0047

2019

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

terr	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructions and the latest info	rmation.	Ins	spection
	me of the organ			Employer ide	entification	number
AM	ERICAN GEOPHYSICA	AL UNION		52-0955532		
Pa	art I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds o	1		
		te if the organization answered "Ye	s" on Form 990, Part IV, line 6.			
			(a) Donor advised funds	(b) Fund	ls and other	accounts
•	Total number at	end of year				
2	Aggregate value	of contributions to (during year)				
1	Aggregate value	of grants from (during year)				
ļ	Aggregate value	at end of year				
5			rs in writing that the assets held in donor ad clusive legal control?		_	Yes 🗌 No
•	charitable purpo	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o		rmissible	Yes 🗌 No
Pa		vation Easements. te if the organization answered "Ye	s" on Form 990, Part IV, line 7.			
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply).			
	☐ Preservation	on of land for public use (e.g., recreation	n or education) $\square$ Preservation of an	historically imp	ortant land a	area
		of natural habitat	Preservation of a c	certified historic	structure	
		on of open space				
2	Complete lines	2a through 2d if the organization held a	qualified conservation contribution in the for			
		e last day of the tax year.			at the End o	f the Year
а		conservation easements		2a		
b	_			2b		
c		ervation easements on a certified histori	` ,	2c		
d		ervation easements included in (c) acqui in the National Register	ired after //25/06, and not on a historic	2d		
1	Number of cons tax year ►	ervation easements modified, transferre	d, released, extinguished, or terminated by	the organization	n during the	
ı	Number of state	es where property subject to conservatio	on easement is located <b>&gt;</b>			
;	Does the organi	ization have a written policy regarding th	ne periodic monitoring, inspection, handling	of violations.		
		nt of the conservation easements it holds			☐ Yes	□ No
<b>j</b>	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation ease	ements durin	g the year
,	Amount of expe  ▶ \$	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easemen	ts during the	: year
3		ervation easement reported on line $2(d)$ $(h)(4)(B)(ii)$ ?	above satisfy the requirements of section 1	70(h)(4)(B)(i)	☐ Yes	□ No
)	balance sheet, a	and include, if applicable, the text of the	ervation easements in its revenue and expe footnote to the organization's financial state			
aı	rt IIII Organi		of Art, Historical Treasures, or Oth	er Similar As	ssets.	
		te if the organization answered "Ye				
.a	art, historical tr	easures, or other similar assets held for	6 (ASC 958), not to report in its revenue stapublic exhibition, education, or research in facial statements that describes these items.			
b	historical treasu		.6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furth			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		▶\$		
				<del></del>		
2	If the organizati		cal treasures, or other similar assets for fina		de the	
а	Revenue include	ed on Form 990, Part VIII, line 1		> \$		
b	Assets included	in Form 990, Part X		▶\$		
				· ·		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**1a** Land . .

**d** Equipment .

 ${f e}$  Other .

**b** Buildings . . . .

 ${f c}$  Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sched	dule D (Form 990) 2019										Page
Part	Organizations Mai	ntaining Col	llections of Art, H	listori	cal Tr	eas	ures, o	· Othe	· Similar Asset	<b>:s</b> (con	tinued)
3	Using the organization's acquisitems (check all that apply):	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	Public exhibition			d		Loar	or exch	ange pro	grams		
b	Scholarly research			e		Othe	er				
С	Preservation for future g	jenerations									
4	Provide a description of the or Part XIII.		llections and explain h	how the	y furth	ner th	e organiz	ation's	exempt purpose ir	1	
5	During the year, did the organ assets to be sold to raise fund:									Yes	□ No
Par	<b>Escrow and Custo</b> Complete if the orga X, line 21.			m 990,	, Part	IV, I	ine 9, o	r report	ced an amount o	on For	m 990, Part
1a	Is the organization an agent, t included on Form 990, Part X?									Yes	□ No
b	If "Yes," explain the arrangem	ent in Part XIII	I and complete the fo	llowina	table:				Amou	 ınt	
c	Beginning balance		·	_				1c			
d	Additions during the year							<b>1</b> d			
e	Distributions during the year .							1e			
f	Ending balance							1f			
<b>-</b>	•								:_L::::		
2a	Did the organization include a										∐ No
	If "Yes," explain the arrangem		Check here if the ex	kplanatio	on has	beer	n provide	d in Part	ХІІІ Ц		
Par	rt V Endowment Funds Complete if the orga		wered "Yes" on For	m 990	Part	T\/ I	ine 10				
	complete if the orga	THEATION AND	(a) Current year		rior yea			ears back	(d) Three years b	ack (e)	Four years back
<b>1</b> a E	Beginning of year balance .		1,360,862		875	,400		764,38	656,	256	602,625
b	Contributions		805,948		558	,886		30,99	2 84,	268	49,902
c l	Net investment earnings, gains,	and losses	140,491		-50	,085		103,53	7 45,	316	9,729
d (	Grants or scholarships		20,993		22	,881		23,05	1 21,	000	
е (	Other expenditures for facilities										
ā	and programs										
f /	Administrative expenses					458		45	8	460	6,000
g E	End of year balance		2,286,308		1,360	,862		875,40	764,	380	656,256
2	Provide the estimated percent. Board designated or quasi-end	-	ent year end balance	(line 1g	g, colur	mn (a	a)) held a	s:			
b		93.010 %									
_	***********		000.0/								
С	Temporarily restricted endown The percentages on lines 2a, 2	***************************************	990 %								
3a	Are there endowment funds no organization by:	•		ion that	are h	eld aı	nd admin	istered f	or the		Yes No
	(i) unrelated organizations .									3a(i)	) No
	(ii) related organizations .									3a(ii	) No
	If "Yes" on 3a(ii), are the relat					? .				3b	
4	Describe in Part XIII the intend			vment f	unds.						
Par	<b>t VI</b> Land, Buildings, and Complete if the organization			m 000	Dar+	T\/	ine 11=	See E	orm 990 Dart V	line '	10
	Description of property	(a) Cost or oth							depreciation	•	Book value
		(investme				,	` ′ ` `		· ·		

1,705,021

41,744,607

986,265

4,649,196

1,582,211

737,129

29,887

1,710,835

1,582,211

1,705,021

41,007,478

956,378

2,938,361

Part VII Investments—Other Securities.			
Complete if the organization answered "Yes" on F  (a) Description of security or category	orm 990, Part IV, li (b) Book value		Part X, line 12. d of valuation:
(including name of security)	(b) Book value		-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A) ALTERNATIVE INVESTMENT FUNDS (B)	48,240,504		<u>F</u>
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	48,240,504		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lii	ne 11c. See Form 990,	Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)			value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>	
Part IX Other Assets.	orm 000 Part IV lin	0 11d See Form 000 Page	+ V line 15
Complete if the organization answered 'Yes' on Fo		e IIu. See Form 990, Par	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fo		e 11e or 11f.See Form	
1. (a) Description of lia	ability		(b) Book value
(1) Federal income taxes (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		<b>&gt;</b>	3,549,750
2. Liability for uncertain tax positions. In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7-			
englimental admity for direction tax positions under the 46 (ASC )	.5). Check here it tile	text of the roothole has be	.c., provided in rait AIII —

2

3

4

b

C 5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Part XII

Schedule D (Form 990) 2019

Page 4

12,784,807

44,319,425

422,189

44,741,614

48,152,657

48,152,657

422,189

48.574.846

C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2e 3

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

2a

2b

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

422,189

422.189

12,784,807

4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1

2e 3 4c 5 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-0955532

Name: AMERICAN GEOPHYSICAL UNION

### Supplemental Information

Supplemental Imelination	
Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR THE PURPOSE OF RECOGNIZING AND SUPPORTING EX

SCHEDULE F	State	ment of	Activities (	Outside the Un	ited St	ates	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Comple	elete if the organization answered "Yes" to Form 990, Part IV, line 14b, i ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information				, or 16.	2019 Open to Public Inspection
nternal Revenue Service							·
Name of the organization AMERICAN GEOPHYSICAL (	JNION					Employer iden	itification number
						52-0955532	
	formation of Part IV, line		o Outside the U	<b>Jnited States.</b> Comple	ete if the o	organization a	nswered "Yes" on
-		•		substantiate the amoun	_		
other assistance, the to award the grants				stance, and the selectior	n criteria u 	sed 	☑ Yes □ No
2 For grantmakers. outside the United		Part V the org	anization's proce	dures for monitoring the	use of its	grants and otl	
3 Activites per Region.	(The followin	g Part I, line 3	table can be dupli	cated if additional space is	s needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe ific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuation	on sheets to		0				842,24
Part I			0				3,549,266
c Totals (add lines 3a	and 2h)	1	ol o	1	1		4,391,508

Cat. No. 50082W Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	<b>√</b> No
		∟ Yes	INO
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		☐ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	<b>✓</b> Yes	□No

. (	<u>Chedule F</u> (Form 990) 2019 Page <b>5</b>								
Part V  Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method) amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.  990 Schedule F, Supplemental Information									
Return Referenc	Explanation								

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

#### **Additional Data**

EAST ASIA AND THE PACIFIC

# Software ID: Software Version:

**EIN:** 52-0955532

Name: AMERICAN GEOPHYSICAL UNION

REIMBURSEMENT, TRAVEL

GRANT

98,264

#### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	TRAVEL GRANT	3,000

0 IGRANTMAKING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures for region offices in the employees or in region (by type) (i.e., is a program service, agents in fundraising, program describe specific type of reaion service(s) in region region services, grants to recipients located in the reaion) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICE HONORARIA. 594,941 & GREENLAND) ACTIVITIES, REIMBURSEMENT, TRAVEL IGRANTMAKING IGRANT MIDDLE EAST AND NORTH 0 GRANTMAKING REIMBURSEMENT, TRAVEL 3,875 IGRANT AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures for region offices in the employees or in region (by type) (i.e., is a program service, agents in fundraising, program describe specific type of reaion service(s) in region region services, grants to recipients located in the reaion) NORTH AMERICA 0 IGRANTMAKING HONORARIA. 32,505 REIMBURSEMENT, TRAVEL IGRANT RUSSIA AND NEIGHBORING 0 GRANTMAKING TRAVEL GRANT 1,429 STATES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) SOUTH AMERICA 0 GRANTMAKING REIMBURSEMENT, TRAVEL 6.542 IGRANT SOUTH ASIA 0 IGRANTMAKING REIMBURSEMENT, TRAVEL 101.686 IGRANT

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures for region offices in the employees or in region (by type) (i.e., is a program service, agents in fundraising, program describe specific type of reaion service(s) in region region services, grants to recipients located in the reaion) SUB-SAHARAN AFRICA 0 IGRANTMAKING HONORARIA. 180,614 REIMBURSEMENT, TRAVEL IGRANT EUROPE (INCLUDING ICELAND 0 INVESTMENT 3,368,652 & GREENLAND)

Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S											
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
TRAVEL GRANT	CENTRAL AMERICA AND THE CARIBBEAN	1	2,500	WIRE TRANSFER								
FALL MEETING TRAVEL GRANT	EAST ASIA AND THE PACIFIC	16	19,500	WIRE TRANSFER								

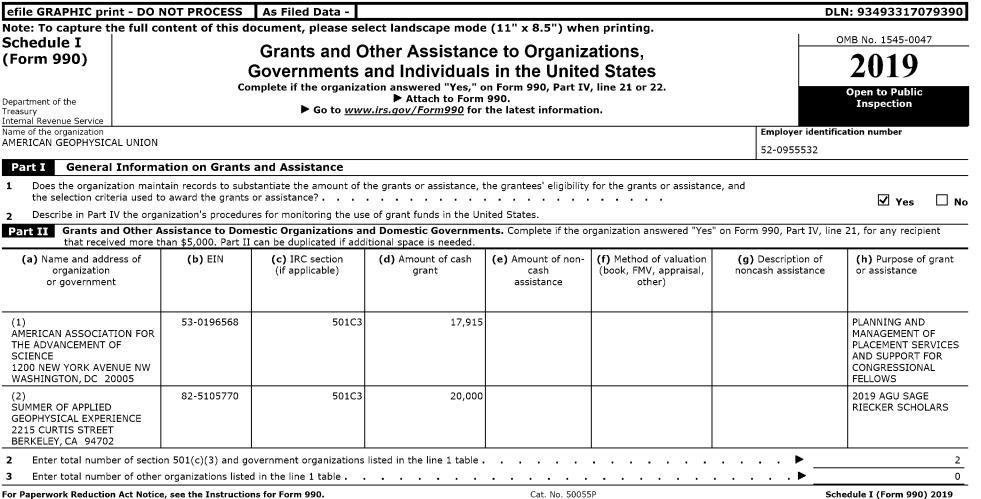
Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S											
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
FALL MEETING AND CHAPMAN TRAVEL GRANT	EUROPE (INCLUDING ICELAND & GREENLAND)	31	50,154	WIRE TRANSFER								
FALL MEETING TRAVEL GRANT	MIDDLE EAST AND NORTH AFRICA	3	3,500	WIRE TRANSFER								

Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
FALL MEETING AND OCEAN SICENCE MEETING TRAVEL GRANT	NORTH AMERICA	12	20,588	WIRE TRANSFER							
TRAVEL GRANT	RUSSIA AND NEIGHBORING STATES	1	1,269	WIRE TRANSFER							

Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S											
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
O OF ANI CTOFNICE	SOUTH AMERICA	4	4,084	WIRE TRANSFER								
FALL MEETING AND CHAPMAN TRAVEL GRANT	SOUTH ASIA	88	97,897	WIRE TRANSFER								

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) FALL MEETING 175,089 WIRE TRANSFER SUB-SAHARAN TRAVEL GRANT

AFRICA



Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Page **2** 

Part III can be duplicated if additional space is needed

Explanation

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

ACTUAL EXPENSES AND CONFIRMATION THAT THE AWARDEE HAS MET CONTRACT OBLIGATIONS.

(d) Amount of

noncash assistance

THE EXPENSES INCLUDED IN THE BUDGETS ARE REVIEWED PRIOR TO MAKING AN OFFER OF AN AWARD AND THE PRESENTATION OF A CONTRACT, POTENTIAL AWARDEES ARE ASKED TO REVISE THEIR BUDGETS, WHERE NECESSARY, AND TO PRESENT AN ANNOTATED BUDGET NARRATIVE EXPLAINING PROPOSED EXPENSES. PRIOR TO TRANSFERRING ANY FUNDS, WE CONFIRM THAT THE RECIPIENT IS NOT LISTED ON EITHER THE TREASURY DEPARTMENT OFFICE OF TERRORISM AND FINANCIAL SANCTIONS LIST OR THE GSA EXCLUDED PARTIES LIST SYSTEM. THE PRINCIPAL INVESTIGATOR AND THE INSTITUTION'S FINANCIAL OFFICER ARE PRESENTED WITH COPIES OF FINANCIAL REGULATIONS, AS WELL AS REFERENCES WITH ADDITIONAL INFORMATION. THE AWARDEES ARE INSTRUCTED THAT UPON SIGNATURE IT IS EXPECTED THAT THEY WILL ABIDE BY ALL STIPULATIONS OF THE CONTRACT AS WELL AS THE ACCOMPANYING INFORMATION, ESPECIALLY IN REGARD TO REPORTING REQUIREMENTS. THE NAME OF THE CONTRACT OFFICER IS INCLUDED IN ALL CORRESPONDENCE AND RECIPIENTS ARE REQUIRED TO REMAIN IN CONTACT WITH THE CONTRACT OFFICER THROUGHOUT THE TIME OF THE GRANT AWARD. AWARDEES ARE ALSO REQUIRED TO REPORT ON CHANGES IN PROPOSED EXPENSES IF THOSE CHANGES EXCEED 20% OF THE FUNDS IN ANY INDIVIDUAL CATEGORY, DETAILED FINANCIAL REPORTS, INCLUDING BACKUP DOCUMENTATION, ARE REQUIRED AT SUITABLE INTERVALS DURING THE PROJECTS. THE GRANT AWARDS ARE MADE IN INSTALLMENTS BASED ON A PRE-

DETERMINED PAYMENT SCHEDULE. FINAL PAYMENTS ARE MADE ONLY AFTER REVIEW OF THE FINANCIAL STATEMENTS AND TECHNICAL REPORTS AND ARE BASED ON

(e) Method of valuation (book,

FMV, appraisal, other)

(b) Number of

recipients

(3)

(1)

(2)

(4)		
(5)		
(6)		
(7)		
Part	IV	
D - 4	Dofo	
Return	Kele	
PART I,		_
		_
		_
		_
		_
		_
		_

Reference

#### **Additional Data**

BERKNER BERKNER

CENTENNIAL

CHAPMAN TRAVEL GRANT

CONGRESSIONAL SCIENCE FELLOWS

CLIMATE PRIZE GRANT

Software ID: Software Version:

90

**EIN:** 52-0955532

19,075

19,075

516,167

54,868

5,000

85,000

Name: AMERICAN GEOPHYSICAL UNION

Form 9	990,	Schedule I,	Part III,	<b>Grants and</b>	Other A	ssistance to	<b>Domestic</b>	Individuals.

DATA VISUALIZATION AND STORYTELLING
COMPETITION GRAND

DATA VISUALIZATION AND STORYTELLING
COMPETITION GRAND

21 43,000
23 43,000
24 43,000

90,782

21,000

18,000

10,263

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

118

FM TRAVEL GRANT

TAIRA PRIZE GRANT

HORTON GRANT

OTHER GRANT

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	17079	390
Schedule J		С	ompensati	ion Information	01	MB No.	1545-0	0047
(Fori	m 990)	For certain Offic  ▶ Complete if the or	2019					
•	tment of the Treasury	► Go to <u>www.irs.g</u>		ito Form 990. instructions and the latest inforr	mation.	Open (		
	al Revenue Service me of the organiza	ation			Employer identifica		ectio	
	ERICAN GEOPHYSICA							
Pa	rt I Questi	ons Regarding Compensa	ation		52-0955532			
	- Curan						Yes	No
<b>1</b> a				f the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chaut	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Executive Director. Check a	ill that apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
	☑ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
c				nsation arrangement? Dicable amounts for each item in Par		4c		No
	Only E01(a)(2	), 501(c)(4), and 501(c)(29	) organizations	must complete lines E-0				
5	For persons liste	ed on Form 990, Part VII, Section	on A, line 1a, did	the organization pay or accrue any				
а	·	ontingent on the revenues of:				5a		No
a b						5b		No
		5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section		the organization pay or accrue any				
а	The organization	1?				6a		No
b	,					6b		No
	· ·	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye	on A, line 1a, did es," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9				presumption procedure described in		9		140
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	(	( <b>B)</b> Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
c		Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019						
Part III Supplemental Infor	Part III Supplemental Information					
Provide the information, explanation, c	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
Return Reference	Explanation					
PART I, LINE 1A	AGU MAY PROVIDE BUSINESS OR FIRST CLASS TRAVEL (ON A CASE-BY-CASE BASIS) FOR THE AGU PRESIDENT WHEN MULTIPLE TRIPS (IN EXCESS OF 6 HOURS) TO ATTEND AGU BUSINESS MEETINGS ARE REQUIRED. ADDITIONALLY, THE CEO'S EMPLOYMENT AGREEMENT ALLOWS FOR BUSINESS OR FIRST CLASS TRAVEL FOR TRIPS IN EXCESS OF 5 HOURS. AGU DOES NOT INCLUDE THE COST OF FIRST CLASS OR BUSINESS TRAVEL AS TAXABLE INCOME TO THE CEO OR PRESIDENT. AGU WILL PAY ANNUALLY ALL REASONABLE EXPENSES OF THE CEO'S SPOUSE TO ACCOMPANY HER TO THE FALL MEETING AND ONE OTHER AGU MEETING OF HER CHOICE WHICH IS TAXABLE INCOME TO THE CEO.					
PART I, LINE 4A	DANA REHM, SEVERANCE, \$131,250.					
PART I, LINE 7	THE EXECUTIVE COMMITTEE, IN ITS SOLE DISCRETION, MAY PAY EXECUTIVE AN ANNUAL PERFORMANCE BONUS OF UP TO TEN PERCENT (10%) OF HER SALARY BASED ON HER ACHIEVING EXPLICIT PERFORMANCE GOALS MANUALLY SET FORTH ANNUALLY BY THE EXECUTIVE AND THE EXECUTIVE COMMITTEE DURING THE REVIEW PERIOD.					

Schedule 1 (Form 990) 2019

Software ID: **Software Version:** 

**EIN:** 52-0955532

Name: AMERICAN GEOPHYSICAL UNION

Directors Trustees Key Employees and Highest Companyated Emplo

Form 990, Schedule	е J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1CHRISTINE MCENTEE CEO	(i)	747,019	57,245	34,343	6,413	24,763	869,783	0
	(ii)	0	0	0	0	0	0	0
1JANICE R LACHANCE	(i)	367,562	22,500	24,747	33,585	1,754	450,148	0
C00	(ii)	0	0	0	0	0	0	
2MICHAEL S ANDREWS CFO	(i)	259,126	22,500	6,787	33,585	27,398	349,396	0
	(ii)	0	0	0	0	0	0	0
3JAY R BRODSKY CHIEF DIGITAL OFFICER	(i)	243,252	5,000	1,844	24,003	2,514	276,613	0
	(ii)	0	0	0	0	0	0	0
4ROYCE B HANSON EXECUTIVE VICE	(i)	361,678	12,500	4,208	33,585	12,173	424,144	0
PRESIDENT	(ii)	0	0	0	0	0	0	0
5DANA D REHM SENIOR VICE PRESIDENT	(i)	103,348	5,000	138,326	10,313	326	257,313	0
ozmok vidz i kasibzki	(ii)	0	0	0	0	0	0	0
6BILLY WILLIAMS SENIOR VICE PRESIDENT	(i)	221,291	4,000	14,534	26,942	16,905	283,672	0
	(ii)	0	0	0	0	0	0	0
7LAUREN M PARR VICE PRESIDENT	(i)	201,825	8,000	1,074	24,518	13,037	248,454	0
7102 1 1 1 2 1 3 2 1 1 1	(ii)	0	0	0	0	0	0	0
8ALEXANDRA M SHULTZ VICE PRESIDENT	(i)	200,776	8,000	1,717	24,141	17,806	252,440	0
	(ii)	0	0	0	0	0	0	0
9ARTESHA C MOORE VICE PRESIDENT	(i)	192,727	12,000	517	23,751	15,023	244,018	0
	(ii)	0	0	0	0	0	0	0
10MATTHEW M GIAMPOALA VICE PRESIDENT	(i)	197,767	4,000	772	13,378	3,124	219,041	0
	(ii)	0	0	0	0	0	0	0
11TRACY J LAMONDUE VICE PRESIDENT	(i)	196,230	0	2,572	22,131	14,496	235,429	0
102 1112	(ii)	0	0	0	0	0	0	0
12SHELLEY L STALL SENIOR DIRECTOR	(i)	184,763	4,000	5,101	20,684	1,147	215,695	0
	(ii)	0	0	0	0	0	0	0
13JESSICA C LATTERMAN DIRECTOR	(i)	160,000	6,000	1,790	12,301	894	180,985	0
	(ii)	0	0	0	0	0	0	0
14RAJUL E PANDYA DIRECTOR	(i)	163,048	3,000	490	17,255	1,899	185,692	0
	(ii)	0	0	0	0	0	0	0
15VICTORIA J FORLINI DIRECTOR	(i)	147,356	6,000	9,971	15,604	888	179,819	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> KARINE S BLAUFUSS DIRECTOR	(i)	144,162	0	3,243	14,226	985	162,616	0
	(ii)	0	0	0	0	0	0	0
				- 1	- 1			·

DLN: 93493317079390 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** AMERICAN GEOPHYSICAL UNION 52-0955532 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (g) Defeased behalf of financing issuer Yes No Yes No Yes No DISTRICT OF COLUMBIA 53-6001131 03-01-2017 37,650,000 SERIES 2017 DIRECT PLACEMENT Χ Χ FOR AGU BUILDING RENOVATION Part  ${
m I\hspace{-.1em}I}$ **Proceeds** C Α В D 2 3 37,650,000 5 573,718 6 7 8 9 10 11 12 13 2017 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Term of hedge . . . . . . . . . Was the hedge superintegrated? . . . . . . 

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

	· · ·								
			4		В		С	Г	<u> </u>
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		Х						
h	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside							1	

	bond-financed property?				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside				

Χ

Χ

В

No

Yes

C

No

Yes

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Α

Yes

Χ

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

THE BONDS WERE ORIGINALLY ISSUED IN 2017.

В

No

Explanation

No

Yes

R

No

Yes

No

C

Nο

Yes

Yes

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Page 3

No

D

D

No

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

SCHEDULE K, PART II, LINE 13

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN:	93493317079390			
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional information to Polymer 1 of the Polymer 1 of	uestions on nation.	2019 Open to Public			
Department of the T Name! Betharofg AMERICAN GEOPH  990 Schedule	Teasury		Inspection fication number			
Return Reference						
FORM 990, PART VI, SECTION A, LINE 1	THERE SHALL BE AN EXECUTIVE COMMITTEE COMPOSED OF THE PRESIDENT, PRESIDENT-ELECT, IMMEDIAT E PAST PRESIDENT, GENERAL SECRETARY, AND THE INTERNATIONAL SECRETARY. THE EXECUTIVE DIRECT OR SHALL BE A NONVOTING EX-OFFICIO MEMBER. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORIT Y TO CONDUCT THE AFFAIRS OF THE UNION BETWEEN MEETINGS OF THE BOARD, PROVIDED THAT THE EXE CUTIVE COMMITTEE MAY NOT CONTRADICT BOARD POLICY OR DECISIONS. ACTIONS OF THE EXECUTIVE COMMITTEE MUST BE REPORTED TO THE BOARD WITHIN TEN DAYS. THE EXECUTIVE COMMITTEE MAY ALSO ME ET BY CONFERENCE CALL OR OTHER ELECTRONIC MEANS PROVIDED THAT ALL PERSONS MAY HEAR AND SPE AK TO ONE ANOTHER AT THE SAME TIME. THE EXECUTIVE COMMITTEE MAY TAKE ACTION BY WRITTEN CON SENT SIGNED BY ALL MEMBERS.					

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THERE SHALL BE THE FOLLOWING MEMBERSHIP CATEGORIES: A. MEMBER - INDIVIDUALS WHO ARE PROFES SIONALLY ENGAGED IN OR ASSOCIATED WITH EARTH AND SPACE SCIENCE ARE ELIGIBLE TO BECOME MEMB ERS OF THE UNION. MEMBERS SHALL BE ENTITLED TO ALL RIGHTS AND PRIVILEGES OF MEMBERSHIP, IN CLUDING THE RIGHT TO RECEIVE PUBLICATIONS AND OTHER MATERIALS, SUBSCRIBE TO UNION JOURNALS, PURCHASE UNION PUBLICATIONS AT MEMBER RATES AS ESTABLISHED BY THE BOARD OF DIRECTORS, SE RVE AS ELECTED OFFICERS OF THE UNION, SECTIONS AND FOCUS GROUPS, AND VOTE ON MATTERS BROUG HT BEFORE THE MEMBERSHIP; B. FELLOW - A MEMBER WHO HAS ATTAINED ACKNOWLEDGED EMINENCE IN E ARTH AND SPACE SCIENCE, AND WHO HAS BEEN ELECTED BY A COMMITTEE OF FELLOWS APPOINTED BY THE PRESIDENT SHALL BE INDUCTED AS A FELLOW. A MEMBER OF THE UNION WHO IS A RECIPIENT OF AN AGU MEDAL SHALL AUTOMATICALLY BE MADE A FELLOW. THE NUMBER OF FELLOWS ELECTED IN EACH ANNU ALCLASS SHALL NOT EXCEED 0.1% OF THE TOTAL MEMBERSHIP AT THE END OF THE YEAR PRECEDING IN STALLATION OF THAT CLASS; C. HONORARY FELLOW - A PERSON WHO HAS PROVIDED SERVICES TO THE U NION OR MADE EXCEPTIONAL CONTRIBUTIONS TO THE FIELDS OF EARTH AND SPACE SCIENCE MAY BE ELE CTED AN HONORARY FELLOW BY THE COUNCIL; D. ASSOCIATE - AN INDIVIDUAL WHO DESIRES IDENTIFIC ATIONS OF MEMBERSHIP MAY BECOME AN ASSOCIATE. ASSOCIATE - AN INDIVIDUAL WHO DESIRES IDENTIFIC ATIONS OF MEMBERSHIP MAY BECOME AN ASSOCIATE. ASSOCIATE MEMBERS MAY NOT VOTE OR HOLD OFFICE, BUT SHALL OTHERWISE HAVE ALL OF THE RIGHTS OF MEMBERSHIP; AND E. AFFILIATE - A CORPORATIO N, ACADEMIC INSTITUTION, OR OTHER ORGANIZATION INTERESTED IN EARTH AND SPACE SCIENCE MAY D ESIGNATE A REPRESENTATIVE TO BECOME AN AFFILIATE. THE DESIGNATED REPRESENTATIVE SHALL ENJO Y THE PRIVILEGES OF A MEMBER.

Return Explanation
Reference

LINE 7A

FORM 990, ALL ELIGIBLE MEMBERS MAY VOTE TO ELECT THE UNION OFFICERS (PRESIDENT, INTERNATIONAL SECRET PART VI, ARY AND GENERAL SECRETARY/TREASURER) AND CAN VOTE IN UP TO THREE SECTIONS OF THEIR CHOICE SECTION A. TO ELECT SECTION PRESIDENTS.

Return Explanation
Reference

FORM 990,	THE GENERAL SECRETARY/TREASURER REVIEWS THE FORM 990 IN DEPTH WITH THE EVP, FINANCE AND IT
PART VI,	AND THE DIRECTOR, FINANCE. THE ENTIRE BOARD OF DIRECTORS IS GIVEN THE OPPORTUNITY TO REVI
SECTION B,	EW AND COMMENT ON AN ELECTRONIC COPY OF THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL
LINE 11B	REVENUE SERVICE

Return Reference	Explanation
FORM 990,	IF AN OFFICER, DIRECTOR, TRUSTEE OR EMPLOYEE HAS ANY INDICATION THAT HE OR SHE HAS A DIREC
PART VI,	TOR INDIRECT CONFLICT OF INTEREST, OR RECEIVES INFORMATION REGARDING A POTENTIAL CONFLICT
SECTION B,	OF INTEREST OF ANOTHER, THE CEO, COO AND DIRECTOR OF HUMAN RESOURCES MUST BE IMMEDIATELY
LINE 12C	NOTIFIED. ALL AGU OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS ARE REQUIRED TO SIG
	N A CONFLICT OF INTEREST AT THE START OF THEIR TENURE. EMPLOYEES ARE REQUIRED TO SIGN A CO
	NFLICT OF INTEREST POLICY AT THE START OF EMPLOYMENT. EMPLOYEES AND VOLUNTEERS ARE ASKED T
	OREVIEW AND UPDATE THEIR CONFLICT OF INTEREST STATEMENT ANNUALLY IF NECESSARY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	15A - CEO COMPENSATION IS ESTABLISHED USING THE METHODS INDICATED ON SCHEDULE J, PART I, L INE 3. COMPENSATION OF THE EXECUTIVE DIRECTOR WAS LAST REVIEWED BY THE EXECUTIVE COMMITTEE OF THE AGU BOARD IN MARCH 2017. 15B - COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED USING AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS, AND FORM 99 0 COMPARISON DATA. COMPENSATION APPROVAL FOR AGU OFFICERS AND KEY EMPLOYEES IS THE RESPONS IBILITY OF THE CEO. THE CEO SHARES THE COMPARABLE MARKET DATA ON SALARY RANGES WITH THE EX ECUTIVE COMMITTEE.

Return Explanation
Reference

LINE 19

FORM 990, AGU'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC ONLI NE AT WWW.AGU.ORG AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
,	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,103,686. MANAGEMENT AND GENERAL EXPENS ES 3,329,217. FUNDRAISING EXPENSES 179,785. TOTAL EXPENSES 5,612,688.
LINE 11G	

Return Explanation
Reference

FORM 990, PART XI, LINE 9:

Return Explanation Reference

FORM 990. THE OVERSIGHT PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR. PART IX.

LINE 2C: